

CLASS C REINSTATEMENT FORM

219634  
219635

<p><b>File the original with:</b></p> <p>Public Service Commission of South Carolina Docketing Department Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199</p>	<p><b>Mail or fax a copy to:</b></p> <p>S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815</p> <p>2009-277-T 2001-327-T</p>
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DATE: 10.12.2009

*2009-277-T*  
*2001-327-T*

Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number 7142
- ☐ Charter Certificate Number \_\_\_\_\_
- ☐ Charter Bus Certificate Number \_\_\_\_\_
- ☐ Non-Emergency Certificate Number \_\_\_\_\_

My certificate was revoked/cancelled on 10.06.2009 because not having  
(DATE)  
filed the annual report per Ad A TAXI INC.

I am seeking reinstatement because I filled the annual report  
and I am attaching to this reinstatement request

Ad A TAXI INC DBA \_\_\_\_\_  
(Name of Company) (If applicable)

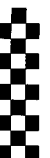
511 632d AVE N \_\_\_\_\_  
(Street Address) (Mailing Address if different from Street Address)

MYRTLE BEACH SC 29572 \_\_\_\_\_  
(City, State, Zip Code) (Signature)

843-448-5555 \_\_\_\_\_  
(Telephone Number) (Title)

RECEIVED

OCT 12 2009  
PSC SC  
DOCKETING DEPT.  
ORS Revised 9-12-08



# **Transportation CARRIER ANNUAL REPORT**

**CLASS C - TAXI - CHARTER - NON-EMERGENCY  
OF**

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**Exact Legal Name of Respondent**

**A & A Taxi Inc**

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**PSC/ORS Number (leave blank)**

**FOR THE YEAR ENDED 2008**

☒ Calendar Year Ending December 31, 2008

or

☐ Fiscal Year Ending \_\_\_\_\_

